

Training Course Critique

(For use of this form see USAR Pam 25-2; the proponent agency is G-2/6)

You are encouraged to make comments on this course. Your signature is not required.

COURSE TITLE	INSTRUCTOR	DATE
		HOURS

1. COURSE OBJECTIVES <i>(As given by the instructor)</i> 	2. FOLLOWING TRAINING I SHOULD BE ABLE TO <i>(As given by the instructor)</i>
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3. WERE ALL COURSE OBJECTIVES MET? <i>(If no, explain which objectives were not met and why)</i> 		Yes	No
4. WILL YOU, FOLLOWING TRAINING, BE ABLE TO PERFORM THOSE TASKS LISTED IN ITEM 2 ? <i>(If no, explain why not)</i> 			
5. WOULD YOU RECOMMEND THIS COURSE FOR OTHERS? <i>(If no, explain why not)</i> 			

6. WHAT TASKS WILL YOU BE BETTER ABLE TO PERFORM FOLLOWING THIS COURSE?

PLEASE RATE ITEMS 7, 8, 9, AND 10 BY CHECKING THE APPROPRIATE FIGURES AT RIGHT	Unsatisfactory		Needs Improvement			Satisfactory		Beneficial		Highly Beneficial	
7. COURSE OVERALL	0	1	2	3	4	5	6	7	8	9	10

REMARKS

8. INSTRUCTOR AND PRESENTATION											
REMARKS											

9. FACILITIES, FURNITURE, LIGHTING, AND VENTILATION											
REMARKS											

10. VISUAL AIDS AND HANDOUTS											
REMARKS											

11. WHAT IMPROVEMENTS WOULD YOU RECOMMEND FOR THIS COURSE?	12. WHAT PORTIONS OF THE COURSE WERE MOST HELPFUL?
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